

# WHEATON COLLEGE

Norton, Massachusetts, 02766

## INFORMATION CHANGE FORM

Please Print All Information

### This section must be completed for all changes:

Name (Last, First, Middle):		Maiden Name (If Applicable):	Social Security/ID#:
Signature:	Class Year (If Applicable):	Date:	<b>Effective Date:</b>

Current Student    Alumnae/i    Faculty/Staff    Parent of Current Student    Parent of Alumnae/i

Please Change My Name To (all name changes must have legal documentation attached [excluding alumnae/i]):

Change My Address To:

City:	State:	Zip Code:	Country:
Phone (include area code or country & city code):	Fax:	EMail:	

### Students Only:

Please Correct My ID From:	To:	Reason:
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### Alumnae/i & Parents Only:

New Job Information (Company):		New Job Information (Title):	
New Job Information (Address):			
City:	State:	Zip Code:	Country:
Phone (include area code or country & city code):	Fax:	EMail:	

Spouse Name:	Is Spouse Wheaton Alumnae/i? (Yes/No)
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<input type="checkbox"/> Birth <input type="checkbox"/> Death	Name:	Relationship:	Date:
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### Office Use Only:

Request Taken By:	Office:	Date Changed in Banner:	Notes/Special Instructions:
Office(s) sent to <input type="checkbox"/> Admissions <input type="checkbox"/> Advancement <input type="checkbox"/> Human Resources <input type="checkbox"/> Registrar <input type="checkbox"/> SFS   Date Sent _____			

### Students Only:

Please change the following types: (Check All That Apply)

- Mailing Address (MA)
  - Home Address (PR)
  - First Billing Address (B1)
  - Second Billing Address (B2)
  - Off-Campus Address (OC)
  - Temporary Address (TE)
- From \_\_\_\_\_ To \_\_\_\_\_

### Faculty/Staff, Alumnae/i & Parents Only:

Please change the following types: (Check All That Apply)

- Mailing Address (MA)
  - Home Address (PR)
  - First Billing Address (B1)
  - Second Billing Address (B2)
  - Business Address (BU)
  - Human Resources Address (HR)
  - Off-Campus Address (OC)
  - Seasonal Address (SN)
- From \_\_\_\_\_ To \_\_\_\_\_
- Temporary Address (TE)
- From \_\_\_\_\_ To \_\_\_\_\_